



COSMETOLOGY, BARBERING, ESTHETICS AND/OR MANICURING SCHOOL DATA SHEET

Please type or print in dark ink

School Information

SCHOOL NAME		LICENSE REFERENCE NO.	
BUSINESS MAILING ADDRESS		CITY	STATE ZIP
BUSINESS PHYSICAL ADDRESS		CITY	STATE ZIP
BUSINESS TELEPHONE NO. ()		FAX NO. ()	
BUSINESS OWNER(S) NAME LAST		FIRST	MIDDLE
MANAGER(S) NAME LAST		FIRST	MIDDLE

Total Number of Hours Required For Course Completion

Curriculum 1	BARBER	COSMETOLOGY	ESTHETICS	MANICURING	INSTRUCTOR
Curriculum 2	BARBER	COSMETOLOGY	ESTHETICS	MANICURING	INSTRUCTOR

Authorized Signatories – School Owner, Manager, and/or Instructors

Name: Last	First	Middle	License No. (If Applicable)

I have carefully read the information provided herein and pursuant to RCW 9A.72.085, I declare under penalty of perjury under the laws of the state of Washington that the information provided by me is true and correct. Should I furnish any false information, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of the school license in the state of Washington.

X

Signature of School Owner _____ City _____ State _____ Zip _____ Date _____

Upon Filing, This Data Sheet Becomes A Public Record And Is Subject To Public Disclosure Provisions Pursuant To RCW 42.17